

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

NAQUAN POSLEY,

Plaintiff,

-against-

NEW YORK CITY; NEW YORK CITY
DEPARTMENT OF CORRECTIONS,

Defendants.

22-CV-5819 (LTS)

ORDER DIRECTING ORIGINAL
SIGNATURE

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff Naquan Posley, who is currently detained at the Anna M. Kross Center (AMKC), brings this action *pro se*. He submitted the complaint without having signed it.¹ Rule 11(a) of the Federal Rules of Civil Procedure provides that “[e]very pleading, written motion, and other paper must be signed by at least one attorney of record in the attorney’s name – or by a party personally if the party is unrepresented.” *See also* Local Civil Rule 11.1(a). The Supreme Court has interpreted Rule 11(a) to require “as it did in John Hancock’s day, a name handwritten (or a mark hand placed).” *Becker v. Montgomery*, 532 U.S. 757, 764 (2001).

Plaintiff is directed to resubmit to the Court, within thirty days of the date of this order, the signature page of the complaint with an original signature. A copy of the unsigned complaint, including the signature page, is attached to this order.

¹ The complaint repeatedly refers to Andre Antrobus, a fellow AMKC detainee who is also a frequent litigant in this Court. *See, e.g., Antrobus v. Molina*, No. 22-CV-4780 (S.D.N.Y.) (pending). Posley’s complaint appears to have been written in Antrobus’s distinctive handwriting. It is therefore particularly important to ascertain that Posley intends to file this action as plaintiff and understands the consequences of doing so (for example, that a \$350.00 filing fee will be withdrawn from his inmate account in installments, and that if he brings three actions while a prisoner that are dismissed on qualifying grounds, he will be disqualified under 28 U.S.C. § 1915(g) from proceeding *in forma pauperis* in future actions filed as a prisoner).

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed without prejudice.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore *in forma pauperis* status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: July 8, 2022
New York, New York

/s/ Laura Taylor Swain

LAURA TAYLOR SWAIN
Chief United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE

2022 JUL -6 AM 10:45

NAQwan Posley

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

NYC New York City &
Dept of corrections
et AL.

COMPLAINT
(Prisoner)

Do you want a jury trial?
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

NAQ AUN Posley
 First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

195-22-00-140

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Amksc

Current Place of Detention

1818 Hazen st

Institutional Address

East Elmhurst NY 11370
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

Andre 9 mol

Date(s) of occurrence:

06-06-77, 06-10-77, 06-15-77, 06-28-77

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Andre Antrobus was telling us for decades C.O.-C By orders of D.O.'s like Holtzman, Lyles and Gonzales except Thompson he was good. But by the orders of D.O. they block your service like mail, phone and etc. And they retaliate by first of violence to block your defense and other inmates confirm it been happening for 3 months unreasonable seizure of favorable exonerating evidence to set him free then I witness it every day for month and arguing by Andre Antrobus with staff and violence!! I started helping Mr Antrobus and week later all what Mr Antrobus started happening too me from 06-06-77 to etc. unreasonable seizure of exonerating evidence to set me free, then blocking my mail and phone then sending leaders to retaliate against me cause I grieved staff if it wasnt bad enough leaders rationing services. Forcing me to fight every other day or get cut, extorting me for my stuff the little I got and putting me in imminent serious injury "I don't want to be burned, assaulted and cut like Mr. Antrobus I witness since I'm here also C-O's threats of violence!! on 06-28-77 C-O's threaten me if I keep sending mail for Mr. Antrobus and they sent inmates to surround me with 5 shanks by orders of D.O.-C staff if it wasn't bad enough I had 5 fights in the arena the Bathroom already just not as bad as Mr Antrobus 15 and more fights the first him to do a month!! But he was suppose to leave on 06-28-77 and 06-23-77 to writ court and D.O.-C fraud and forced him to miss court then tried to fight him!! Now the leaders are threaten me already rationing meals and services and now staff got me on they radar threaten me with imminent serious injury every day and blocking my defense like people exulting v schmidt

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want \$6,000,000.00 for punitive damages
as suffered every week, medical negligence
a defense of liberty and freedom

want \$1,000,000 for compensation for
can't work cause of lower back injury
medical negligence may aggravate and unreason-
able seizures to deny my defense of freedom
Barty and every thing getting worst more

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VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06-30-22
Dated
Naquan
First Name
Middle Initial
Last Name
1818 Hazen St
Prison Address
East Elmhurst NY 11370
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

USC MP3
SD 17

[illegible]

*United States District Court
Southern District of New York*